CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guid	DE explains how to complete this form.	1 ACCOUNT # (Ethics Commission filers) 00000001	2 PAGE# 1 of 28
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	Mr. Amadeo		Date Received
	NICKNAME LAST	SUFFIX	
	Ortiz		m
		Want & March 1990 Co	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	00
MAILING	1443 W. Elsmere		<u>-</u>
ADDRESS	San Antonio, TX 78201		Date Hand-delivered or Date Postmarked
Change of Address			U S
			U SP
			Receipt # Amount
5 CAMPAIGN	MS/MRS/MR FIRST	MI	Date Processed
TREASURER NAME	Mr. Robert		
NAME.	NICKNAME LAST BOD LOTT	SUFFIX	Date Imaged
	200		
6 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SI	UITE#; CITY; STATE;	ZIP CODE
TREASURER ADDRESS	5045 Ayrshire Dr San Antonio, TX 78217		
(Residence or business)	Garrantonio, 17, 70217		
7 CAMPAIGN	AREA CODE PHÔNE NUMBER	EXTENSION	
TREASURER PHONE	(210) 414-9966	ZATENO.	
8 REPORT TYPE	January 15 30th day before ele	ection Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 X 8th day before elec	ction Exceeded \$500 limit	Final report (Attach C/OH - FR)
9 PERIOD	Month Day Year	Month Day	Year
COVERED	09/26/2008	10/25/20	08
40 ELECTION			
10 ELECTION	Month Day Year ELECTION T		_
	11/04/2008 Prim	ary Runoff X	General Special
11 OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if known Bexar County Sheri	ff
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign e Candidates are required to disclose this information		
EXPENDITURE BY OTHER	Name		
INDIVIDUALS	Name		
	Address/PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages			
	GO TC	PAGE 2	

Signature of officer administering oath

CANDIDATE / OFFICEHOLDER REPORT	•
SUPPORT & TOTALS	

FORM C/OH

14 C/OH NAME Ortiz	, Amadeo (Mr.)		15 ACCOUNT # 00000001	(Ethics Commission filers
16 NOTICE FROM This box is for notice of political expenditures by political committees to support the can have been made without the candidate's or officeholder's knowledge or consent. Candidate information only if they receive notice of such expenditures.				
POLITICAL COMMITTEE(S)	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		A.O.
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED				0.00
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	NS) \$	16,400.00
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED TOTALS			\$ ITEMIZED	0.00
	4. TOTAL I	POLITICAL EXPENDITURES	\$	14,759.97
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LY OF THE REPORTING PERIOD	\$	12,153.85
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A Y OF THE REPORTING PERIOD	AS OF THE \$	1,000.00
18 AFFIDAVIT	<u> </u>			
			der penalty of perjury, that the d includes all information requection Code.	
	NNETTE BASALI NOTARY PUBL STATE OF TEXA ly Comm. Exp. 08-08-	c s	nature of Candidate or Officeh	noldel
AFFIX NOTARY	STAMP / SEAL ABOV	E Amondo O 1:		1 - 1 · 1
Sworn to and subscrib	0.0	ne said TWACLO WTT tify which, witness my hand and seal of office	$\mathcal U$, this the $_$	FIFE day

Print name of officer administering oath

Title of officer administering oath

	The Instruction	on Guide explains how to complete this fo	rm.		1 PAGE# Schedule: 1/	12 Report: 3/28	
2	FILER NAME	Ortiz, Amadeo (Mr.)			3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor ☐ out-of-st Aguilera, Juan	tate PAC (ID#	!)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	10/07/2008	6 Contributor address; City; State 111 Soledad Suite 300 San Antonio, TX 78205	; Zip Code		\$100.00	 - -	
					(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instructions)		10 Employer (See In	structions)		
	Date	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/15/2008	Contributor address; City; State 4310 West Ave. San Antonio, TX 78213	; Zip Code		\$150.00	 	
	Delegioni					Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)		Employer (See In:	structions)		
	Date	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/07/2008	Contributor address; City; State: 310 W. Skyview Dr. San Antonio, TX 78228	; Zip Code		\$250.00	 	
					(If travel outside of	Texas, complete Schedule T)	
_	Principal accur	ation / lab title (Cas Instructions)		F 1 (0 1		Texas, complete schedule 1)	
	Fillicipal occup	ation / Job title (See Instructions)		Employer (See In	structions)		
	Date	Full name of contributor ut-of-st Belvis, Jr., Merio	tate PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/15/2008	Contributor address; City; State, 13207 Hunters Lark St. San Antonio, TX 78230	; Zip Code		\$200.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)		Employer (See Ins			
	Date	Full name of contributor	tate PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/07/2008	Contributor address; City; State; 800 Dolorosa Suite 105 San Antonio, TX 78207	Zip Code		\$250.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instructions)	I	Employer (See Ins		,	
	,	- (

	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 2/	12 Report: 4/28		
2	FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Cerda, Victor	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	10/07/2008	6 Contributor address; City; State; Zip Code 206 Candelaria Helotes, TX 78023		\$200.00	 - -		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)			
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/15/2008	Contributor address; City; State; Zip Code 310 S. St.Mary's San Antonio, TX 78205		\$200.00	 		
	<u> </u>		_	L <u>`.</u>	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/07/2008	Contributor address; City; State; Zip Code 600 Navarro Sulte 250		\$250.00	 		
		San Antonio, TX 78205		(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/07/2008	Contributor address; City; State; Zip Code 115 E. Travis Suite 1630 San Antonio, TX 78205		\$500.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/07/2008	Contributor address; City; State; Zip Code 214 Dwyer Suite 315		\$250.00	 		
		San Antonio, TX 78204			I		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/1	12 Report: 5/28		
2	FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)		
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Del Cueto, Andrew	<u>; </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
	10/07/2008	6 Contributor address; City; State; Zip Code 405 S. Presa San Antonio, TX 78205		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)			
	Date	Full name of contributor □ out-of-state PAC (ID# Del Prado and Del Prado, PC	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/07/2008	Contributor address; City; State; Zip Code P.O. Box 2312 Boerne, TX 78006		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	pation / Job title (See Instructions)	Employer (See In:	•	,		
	Date	Full name of contributor	:)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/15/2008	Contributor address; City; State; Zip Code 19830 Park Ranch Rd. San Antonio, TX 78259		\$100.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	•	,		
		,					
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/07/2008	Contributor address; City; State; Zip Code 603 Urban Loop San Antonio, TX 78204		\$250.00	 		
				(If travel outside of	Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)			
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)		
	10/15/2008	Contributor address; City; State; Zip Code 317 Cleveland Court San Antonio, TX 78209		\$200.00	 		
	D.i. i				Texas, complete Schedule T)		
	Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)			

	The Instruction	อง Guide explains how to com	plete this form.		1 PAGE# Schedule: 4/	12 Report: 6/28	
2	FILER NAME	Ortiz, Amadeo (Mr.)			3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor Garcia, Eduardo	out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	10/07/2008	6 Contributor address; 800 Dolorosa Suite 101	City; State; Zip Code		\$500.00	 	
		San Antonio, TX 78207			(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)		
	Date	Full name of contributor Goeke, Paul	□ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/07/2008	Contributor address; 310 S. St. Mary's St. Suite 1806	City; State; Zip Code		\$250.00	 	
		San Antonio, TX 78205			(If travel outside of	Texas, complete Schedule T)	
-	Principal occur	eation / Job title (See Instruction	16)	Employer (See In		. oxao, comprete constant i,	
		and the food mondation	,		on donoris,		
	Date	Full name of contributor Gonzalez, Charles (Rep.)	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/23/2008	Contributor address; 206 E. Locust San Antonio, TX 78212	City; State; Zip Code		\$250.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	ation / Job title (See Instruction	ns)	Employer (See In	structions)		
	Date	Full name of contributor Guyer, Ronald	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/07/2008	Contributor address; 1202 S. Alamo St. San Antonio, TX 78210	City; State; Zip Code		\$250.00	 	
					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instruction	าร)	Employer (See In	structions)		
	Date	Full name of contributor Hancock, Pat	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/15/2008	Contributor address; 310 S. St. Mary's St. Suite 1500	City; State; Zip Code		\$250.00	 	
		San Antonio, TX 78205				_	
L					(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instruction	ns)	Employer (See In	structions)		

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	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#	12 Report: 7/28
2	FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID: Harrison, PhD, G.R.	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
-	10/15/2008	6 Contributor address; City; State; Zip Code 111 Oakhurst San Antonio, TX 78209		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Hasslocher, G.	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2008	Contributor address; City; State; Zip Code 8520 Crownhill San Antonio, TX 78209		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor □ out-of-state PAC (ID# Hasslocher, James	ŧ)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2008	Contributor address; City; State; Zip Code 129 Haskin San Antonio, TX 78209		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor	·)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2008	Contributor address; City; State; Zip Code 2802 Colonial Dr. Dickinson, TX 77539		\$200.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor ☐ out-of-state PAC (ID# Holden, Sarah	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2008	Contributor address; City; State; Zip Code 6331 Rue Sophie St. San Antonio, TX 78238		\$50.00	
L				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	

	The Instruction	ON GUIDE explains how to complete this form.		1 PAGE#				
				Schedule: 6/	12 Report: 8/28			
2	FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#)	7 Amount of	8 In-kind contribution			
		Jansse and Moore, PLLC		contribution (\$)	description (if applicable)			
	10/07/2008	6 Contributor address; City; State; Zip Code 111 Soledad Suite 300 San Antonio, TX 78205		\$100.00	 			
		,		(If travel outside of	Texas, complete Schedule T)			
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)				
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of	In-kind contribution			
		Jimenez, III, Tony		contribution (\$)	description (if applicable)			
	10/07/2008	Contributor address; City; State; Zip Code	• • • • • • • • • • • • • • • • • • • •	\$250.00	l			
	10/07/2000	214 Dwyer Suite 315		\$250.00	<u> </u>			
		San Antonio, TX 78204			_			
	D			<u> </u>	Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor ut-of-state PAC (ID#	:)	Amount of	In-kind contribution			
		La Hood, Michael		contribution (\$)	description (if applicable)			
	10/15/2008	Contributor address; City; State; Zip Code		\$250.00	 			
		San Antonio, TX 78205			l			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor	:)	Amount of	In-kind contribution			
		La Hood, Nicholas		contribution (\$)	description (if applicable)			
	10/15/2008	Contributor address; City; State; Zip Code 112 Villita San Antonio, TX 78205		\$250.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	pation / Job title (See Instructions)	Employer (See In	<u> </u>				
-	Date	Full name of contributor	· · · · · · · · · · · · · · · · · · ·	Amount of	In-kind contribution			
	Date	Law office of Gonzales and Gomez, PC	·	contribution (\$)	description (if applicable)			
	10/07/2008	Contributor address; City; State; Zip Code 111 Soledad Suite 1700		\$300.00				
		San Antonio, TX 78205		/15 troyed	Toyon complete Cabadula T\			
_	Principal occur	pation / Job title (See Instructions)	Employer (See In	L	Texas, complete Schedule T)			
	s.pai occup	(Coo mondonoro)	Employer (Gee III	ondonons)				

	The Instruction	אס Guide explains how to complete this form.		1 PAGE#	12 Report: 9/28			
2	FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT# 00000001	(Ethics Commission filers)			
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Law Offices of Goldstein, Goldstein, and Hilley	:)	7 Amount of contribution (\$)	8			
	10/07/2008	6 Contributor address; City; State; Zip Code 310 S. St. Mary's St. Suite 2900 San Antonio, TX 78205		\$500.00	 			
9	Principal occup	L ation / Job title (See Instructions)	10 Employer (See In	L '	Texas, complete scriedule 1)			
	Date	Full name of contributor ☐ out-of-state PAC (ID# Longoria, Manuel)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
i :	10/15/2008	Contributor address; City; State; Zip Code 31035 Retama Ridge Bulverde, TX 78163		\$50.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/15/2008	Contributor address; City; State; Zip Code 239 E. Commerce San Antonio, TX 78205		\$1,000.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/07/2008	Contributor address; City; State; Zip Code 1004 S. St. Mary's St. San Antonio, TX 78205		\$250.00	 			
				(If travel outside of	Texas, complete Schedule T)			
	Principal occup	vation / Job title (See Instructions)	Employer (See In	structions)				
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	10/07/2008	Contributor address; City; State; Zip Code 700 N. St. Mary's St. San Antonio, TX 78205		\$150.00	 			
					Texas, complete Schedule T)			
	Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)				

	The Instruction	อง Guide explains how to com	plete this form.		1 PAGE # Schedule: 8/	12 Report: 10/28
2	FILER NAME	Ortiz, Amadeo (Mr.)			3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Monsalvo, Susan	☐ out-of-state PAC (ID#)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/15/2008	6 Contributor address; 134 Park Hill Dr. San Antonio, TX 78212	City; State; Zip Code		\$250.00	
					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	s)	10 Employer (See In	structions)	
	Date	Full name of contributor Murnin, Patrick	☐ out-of-state PAC (ID#	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2008	Contributor address; 100 Tamworth Castle Hills, TX 78213	City; State; Zip Code		\$100.00	
	:				(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In	l ,	rexas, complete conteguie 1)
			,	. , ,	,	
	Date	Full name of contributor Olivarri, Cecilia	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2008	Contributor address; 1650 McKinley Ave. San Antonio, TX 78210	City; State; Zip Code		\$200.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In		
	Date	Full name of contributor Ortiz, Lorenzo	☐ out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2008	Contributor address; 3 Greens Whisper San Antonio, TX 78216	City; State; Zip Code		\$100.00	
					(16 turning) quitaide es	Tavas assumbata Sahadula T)
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In:	`	Texas, complete Schedule T)
		(-,	_mployer (ede m		
	Date	Full name of contributor Pacheco, Federico	☐ out-of-state PAC (ID#	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2008	Contributor address; 6016 Mike Nesmith St San Antonio, TX 78238	City; State; Zip Code		\$50.00	
					(If traval autaids - f	Tayas complete Schodule T\
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In:	· ·	Texas, complete Schedule T)
			-,	Employor (ode m	5 dollorio)	

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	The Instruction	on Guide explains how to com	plete this form.		1 PAGE # Schedule: 9/	12 Report: 11/28
2	FILER NAME	Ortiz, Amadeo (Mr.)			3 ACCOUNT# 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor Perez, Joel	☐ out-of-state PAC (ID#	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/07/2008	6 Contributor address; 207 Bluff Hollow San Antonio, TX 78216	City; State; Zip Code		\$500.00	 - -
<u> </u>					(If travel outside of	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instruction	ns)	10 Employer (See In	structions)	
	Date	Full name of contributor Ramirez, Vincente	□ out-of-state PAC (ID#	<u>‡</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
:	10/23/2008	Contributor address; 1927 Flamingo San Antonio, TX 78209	City; State; Zip Code		\$100.00	
		•			(If travel outside of	Texas, complete Schedule T)
 	Principal occur	ation / Job title (See Instruction		Employer (Cap In		Texas, complete conedule 1/
	r inicipal occup	auon / Job tille (See Instruction	is)	Employer (See In	structions)	
	Date	Full name of contributor Ramos, Rolando	☐ out-of-state PAC (ID#	<u>‡</u>)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2008	Contributor address; 112 Villita San Antonio, TX 78205	City; State; Zip Code		\$250.00	
						Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction		Employer (See In	structions)	
:	Date	Full name of contributor Riojos, Sr., Ricardo	out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2008	Contributor address; 4215 Glen Crest Dr. San Antonio, TX 78229	City; State; Zip Code		\$100.00	
					(If travel outside of	Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instruction	s)	Employer (See In	structions)	
	Date	Full name of contributor Rodriguez, Rick	☐ out-of-state PAC (ID#	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/07/2008	Contributor address; 111 Soledad Suite 300 San Antonio, TX 78205	City; State; Zip Code		\$100.00	
l		·			(If travel outside of	Texas, complete Schedule T)
\vdash	Principal occur	ation / Job title (See Instruction	(2)	Employer (See In		,p
	o.pai ocoup	oob and tood mondonon	,	Employer (Gee III	ou douono;	

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	The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 10	/12 Report: 12/28
2	FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID#Rodriguez, Robert	<u> </u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/15/2008	6 Contributor address; City; State; Zip Code 5458 Colton Creek San Antonio, TX 78251		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2008	Contributor address; City; State; Zip Code 1939 N.E. Loop 410 Suite 300 San Antonio, TX 78217		\$500.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor uut-of-state PAC (ID# Scott, Jeffrey)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/07/2008	Contributor address; City; State; Zip Code 1004 S. St. Mary's St. San Antonio, TX 78205		\$250.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	I. '	
	Date	Full name of contributor ut-of-state PAC (ID# Smith, David)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/07/2008	Contributor address; City; State; Zip Code 100 Rosewood Ave. San Antonio, TX 78212		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
	Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/07/2008	Contributor address; City; State; Zip Code 1192 Marion Rd. Marion, TX 78124		\$100.00	
				(If travel outside of	Texas, complete Schedule T)
<u> </u>	Principal occup	pation / Job title (See Instructions)	Employer (See In		
		·		•	

	The Instruction	N GUIDE explains how to complete this form.			12 Report: 13/28
2	FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4	Date	5 Full name of contributor ☐ out-of-state PAC (ID# Stolhandske, Tom)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	10/23/2008	6 Contributor address; City; State; Zip Code 2531 Old Orchard Ln. San Antonio, TX 78230		\$250.00 	
	,			<u> </u>	Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See In	structions)	
	Date	Full name of contributor	!)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2008	Contributor address; City; State; Zip Code P.O. Box 12814 San Antonio, TX 78212		\$750.00	
				(If travel outside of	Texas, complete Schedule T)
	Principal occup	Lation / Job title (See Instructions)	Employer (See Ir	L	
	Date	Full name of contributor	<u></u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/23/2008	Contributor address; City; State; Zip Code 4226 Havenview Ln. San Antonio, TX 78228		\$250.00	 -
L			Employer (See I	<u> </u>	Texas, complete Schedule T)
	Principal occu	pation / Job title (See Instructions)	Employer (See li	nstructions)	
	Date	Full name of contributor	#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
	10/15/2008	Contributor address; City; State; Zip Code 1819 Babcock Rd. Apt. 706		\$50.00	
		San Antonio, TX 78229		(If traval outside of	· f Texas, complete Schedule T)
L	Principal occu	pation / Job title (See Instructions)	Employer (See I		Texas, complete constant 1,
F	Data	Full name of contributor	#)	Amount of	In-kind contribution
	Date	Texas Bail PAC		contribution (\$)	description (if applicable)
	10/15/2008	Contributor address; City; State; Zip Code P.O. Box 222067 Dallas, TX 75222		\$2,500.00	1 1 1
				(If travel outside o	f Texas, complete Schedule T)
-	Principal occu	upation / Job title (See Instructions)	Employer (See		
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	The Instruction	on Guide explains how to complete this form.		1 PAGE# Schedule: 12	2/12 Report: 14/28	
2	FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)	
4	Date	5 Full name of contributor	‡)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
	10/15/2008	6 Contributor address; City; State; Zip Code 1616 W. Mulberry San Antonio, TX 78201		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
9	Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)		
	Date	Full name of contributor	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/07/2008	Contributor address; City; State; Zip Code 800 Dolorosa Suite 105 San Antonio, TX 78207		\$250.00	 	
		Sall Altonio, 17 70207		(If traval outside of	Tayan complete Schedule T\	
	Principal occur	pation / Job title (See Instructions)	Employer (See In	<u> </u>	Texas, complete Schedule T)	
_	Timopa. ooc.p	· ·		structions ;		
	Date	Full name of contributor □ out-of-state PAC (ID# Waller, Stephen	<u> </u>	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/23/2008	Contributor address; City; State; Zip Code 232 College Blvd. San Antonio, TX 78209		\$100.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Watkins, Phil	‡)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/23/2008	Contributor address; City; State; Zip Code 926 Chulie Dr. San Antonio, TX 78216		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	pation / Job title (See Instructions)	Employer (See Ins	structions)		
	Date	Full name of contributor ☐ out-of-state PAC (ID# Ybarbo, Raymond	<i>‡</i>)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
	10/07/2008	Contributor address; City; State; Zip Code 123 Crane Circle Spring Branch, TX 78070		\$250.00	 	
				(If travel outside of	Texas, complete Schedule T)	
	Principal occupa	pation / Job title (See Instructions)	Employer (See Ins	structions)		

POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	อง Guide explains how to complete this form.		1 PAGE# Schedule: 1/1	4 Report: 15/28
2 FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name AT & T Telephone			7 Amount (\$)
10/08/2008	6 Payee address; City; State; Zip Code P.O. Box 930170 Dallas, TX 75393-0170			\$107.53
8 Purpose of payment (See instructions regarding type of information required.) 9 Complete if direct expenditure to ben Candidate / Officeholder name:				fit Candidate/Officeholder **
(1				
Date	Payee name Beef & Bourbon Steak House			Amount (\$)
10/11/2008	Payee address; City; State; Zip Code 4946 Rigsby San Antonio, TX 78222			\$377.59
Purpose of pay required.) F & B	yment (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:		
(11	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Best Buy			Amount (\$)
09/29/2008	Payee address; City; State; Zip Code 2301 Sw Military Dr San Antonio, TX 78224			\$670.33
Purpose of pay required.) Computer	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehol		fit Candidate/Officeholder **
(H	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Bexar County Democratic Party			Amount (\$)
10/13/2008	Payee address; City; State; Zip Code 3010 N. St Mary's St San Antonio, TX 78212		- 10	\$100.00
required.)	/ment (See instructions regarding type of information	" Complete if direct Candidate / Officehol		fit Candidate/Officeholder ••
Contribution to C	of travel outside of Texas, complete Schedule T)	Office sought:		

The Instruction	ON GUIDE explains how to complete this form.	1 PAGE# Schedule: 2/1	1 PAGE # Schedule: 2/14 Report: 16/28	
2 FILER NAME	Ortiz, Amadeo (Mr.)	3 ACCOUNT # 00000001	(Ethics Commission filers)	
4 Date	5 Payee name CAPPS Van/Car Rental		7 Amount (\$)	
10/20/2008	\$863.29			
Purpose of pay required.) Auto Expense	efit Candidate/Officeholder ••			
(1				
Date	Payee name Custom Crush Winery		Amount (\$)	
10/04/2008	\$340.79			
Purpose of pay required.) F&B for event	yment (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:		
Office sought: (If travel outside of Texas, complete Schedule T)				
Date	Payee name Diamond Xpress #2		Amount (\$)	
10/04/2008	Payee address; City; State; Zip Code 14400 Nacogdoches Rd. San Antonio, TX 78217		\$29.41	
required.)	yment (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name:		
Auto Expense	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Digital Edge		Amount (\$)	
10/21/2008	Payee address; City; State; Zip Code 3463 Magic Dr. San Antonio, TX 78229		\$912.76	
Purpose of pay required.) Marketing & Pro	yment (See instructions regarding type of information	** Complete if direct expenditure to ben Candidate / Officeholder name:	efit Candidate/Officeholder	
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

Texas Ethics Con	nmission P.O.Box 12070 Austin, Texas 7	78711-2070	(512)46	3-5800 1-800-325-850
POLITI	CAL EXPENDITURES		-	SCHEDULE F
The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 3/1	4 Report: 17/28
2 FILER NAME	Ortiz, Amadeo (Mr.)	, , , , , , , , ,	3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name Digital Extreme			7 Amount (\$)
10/08/2008 6 Payee address; City; State; Zip Code 12607 Prima Vista San Antonio, TX 78233				\$599.27
Purpose of pa required.) Campaign Mark	yment (See instructions regarding type of information eting	9 ** Complete if direct Candidate / Officehold	t expenditure to bene der name:	efit Candidate/Officeholder
(If travel outside of Texas, complete Schedule T) Office sought: Office held:				
Date	Payee name Digital Extreme			Amount (\$)
10/15/2008	Payee address; City; State; Zip Code 12607 Prima Vista San Antonio, TX 78233			\$240.00
required.)	yment (See instructions regarding type of information	Complete if direc		efit Candidate/Officeholder **
Campaign Mark	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Gabriel's #41-05			Amount (\$)
10/04/2008	Payee address; City; State; Zip Code 837 W. Hildebrand San Antonio, TX 78212			\$75.63
Purpose of pa required.) Beverages for e	yment (See instructions regarding type of information	Complete if direct Candidate / Officehol	t expenditure to bene der name:	efit Candidate/Officeholder
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Grady's Bar-B-Q			Amount (\$)
10/20/2008	Payee address; City; State; Zip Code 6510 San Pedro San Antonio, TX 78216			\$13.81
Purpose of par required.) F & B Meeting	yment (See instructions regarding type of information	** Complete if direc Candidate / Officehol		efit Candidate/Officeholder

Office sought: Office held:

(If travel outside of Texas, complete Schedule T) $\ \square$

The Instruction	סא Guide explains how to complete this form.		1 PAGE # Schedule: 4/14 Report: 18/28		
2 FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)	
4 Date	5 Payee name Guadalupe Lumber Co.			7 Amount (\$)	
10/02/2008	10/02/2008 6 Payee address; City; State; Zip Code 1547 S. Zarzamora San Antonio, TX 78207			\$13.99	
8 Purpose of payment (See instructions regarding type of information required.) 9 ** Complete if direct expenditure to be Candidate / Officeholder name:				efit Candidate/Officeholder **	
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name			Amount	
40/04/0000	HEB Grocery			(\$)	
10/04/2008 Payee address; City; State; Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201				\$27.78	
Purpose of pay required.) F & B	yment (See instructions regarding type of information	** Complete if direct Candidate / Officehol		fit Candidate/Officeholder **	
(I	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name HEB Grocery			Amount (\$)	
10/20/2008	Payee address; City; State; Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201			\$40.48	
Purpose of pay required.) Auto Expense	ment (See instructions regarding type of information	Complete if direct Candidate / Officehol		fit Candidate/Officeholder ••	
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name HEB Grocery			Amount (\$)	
10/22/2008	Payee address; City; State; Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201			\$51.26	
Purpose of pay required.) Auto Expense	ment (See instructions regarding type of information	· · Complete if direct Candidate / Officehol		fit Candidate/Officeholder ••	
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			

The Instruction	ON GUIDE explains how to complete this form.	·	1 PAGE# Schedule: 5/14 Report: 19/28	
2 FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name HEB Grocery			7 Amount (\$)
10/25/2008 6 Payee address; City; State; Zip Code 2118 Fredericksburg Rd San Antonio, TX 78201			\$15.18	
 8 Purpose of payment (See instructions regarding type of information required.) F & B 9 ** Complete if direct expenditure to ben Candidate / Officeholder name: 				fit Candidate/Officeholder **
(II	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Ideas Unlimited			Amount (\$)
10/23/2008	Payee address; City; State; Zip Code 5213 Bandera Rd San Antonio, TX 78238			\$199.80
Purpose of pay required.) Campaign Signs	yment (See instructions regarding type of information	•• Complete if direct expenditure to benefit Candidate/Officeholder •• Candidate / Officeholder name:		
(H	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Jim's Restaurant #3	***		Amount (\$)
09/29/2008	Payee address; City; State; Zip Code 3319 Hillcrest San Antonio, TX 78201			\$18.65
Purpose of pay required.) F & B Meeting	yment (See instructions regarding type of information	* Complete if direct Candidate / Officehol		efit Candidate/Officeholder ••
9	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Kiolbassa Provisional Co.			Amount (\$)
10/17/2008	Payee address; City; State; Zip Code 3125 South Brazos San Antonio, TX 78207			\$202.30
Purpose of pay required.) F & B Rally	yment (See instructions regarding type of information	** Complete if direct Candidate / Officehol		Infit Candidate/Officeholder
(II	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		Yes

Reimbursement for office supplies

(If travel outside of Texas, complete Schedule T)

exas Ethics Com	nmission P.O.Box 12070 Austin, Texas	78711-2070	(512)46	63-5800 1-800-325-850
POLITI	CAL EXPENDITURES			SCHEDULE F
The Instruction	אס Guide explains how to complete this form.		1 PAGE # Schedule: 6/	14 Report: 20/28
2 FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name La Prensa	····		7 Amount (\$)
10/19/2008	6 Payee address; City; State; Zip Code P.O. Box 830768 San Antonio, TX 78283			\$1,650.00
Purpose of payment (See instructions regarding type of information required.) 9 ** Complete if direct expenditure to beneficially candidate / Officeholder name: Newspaper advertising				refit Candidate/Officeholder
(11	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name La Prensa Foundation	•		Amount (\$)
10/03/2008	Payee address; City; State; Zip Code 318 S. Flores St. San Antonio, TX 78204			\$240.00
Purpose of pay required.) Contribution to o	ment (See instructions regarding type of information	Complete if direct Candidate / Officehold		efit Candidate/Officeholder
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Las Palapas			Amount (\$)
09/29/2008	Payee address; City; State; Zip Code			\$14.97

	1802 Walzem Rd. San Antonio, TX 78218		
Purpose of payi required.)	ment (See instructions regarding type of information	** Complete if direct expenditure to benefit Candidate/Officeholder **Candidate / Officeholder name:	
(If	travel outside of Texas, complete Schedule T)	Office sought: Office held:	
Date	Payee name Leal, Virginia	Amount (\$)	
10/07/2008	Payee address; City; State; Zip Code 3106 Rain Park Ln. Katy, TX 77449	\$49.66	3
Purpose of payr	ment (See instructions regarding type of information	" Complete if direct expenditure to benefit Candidate/Officeholder " Candidate / Officeholder name:	Π

Office sought: Office held:

Texas Ethics Con	nmission P.O.Box 12070 Austin, Texas 7	78711-2070	(512)46	3-5800 1-800-325-8506
POLITI	CAL EXPENDITURES			SCHEDULE F
The Instructi	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 7/1	4 Report: 21/28
2 FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name Leticia Mexican Restaurant			7 Amount (\$)
10/06/2008	6 Payee address; City; State; Zip Code 1922 N. Zarzamora San Antonio, TX 78201			\$69.36
8 Purpose of payment (See instructions regarding type of information required.) F & B Meeting 9 ** Complete if direct expenditure to bendance: Candidate / Officeholder name:				efit Candidate/Officeholder •••
(1	If travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Luby's Cafeteria			Amount (\$)
10/03/2008	Payee address; City; State; Zip Code 911 N. Main San Antonio, TX 78212			\$34.63
Purpose of pa required.) F & B Meeting	yment (See instructions regarding type of information	** Complete if direc Candidate / Officehol		efit Candidate/Officeholder
J	if travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Luby's Cafeteria			Amount (\$)
10/14/2008	Payee address; City; State; Zip Code 911 N. Main San Antonio, TX 78212			\$19.43
Purpose of par required.) F & B Meeting	yment (See instructions regarding type of information	** Complete if direct Candidate / Officehol		fit Candidate/Officeholder **
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Marketability, Inc.			Amount (\$)
10/07/2008	Payee address; City; State; Zip Code 5600 NW Central Dr. Suite 280 Houston, TX 77092			\$715.00
Purpose of par required.) Campaign Marke	yment (See instructions regarding type of information eting	** Complete if direct Candidate / Officehol	t expenditure to bene der name:	fit Candidate/Officeholder **
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 8/1	4 Report: 22/28
2 FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name Marketability, Inc.			7 Amount (\$)
10/23/2008	10/23/2008 6 Payee address; City; State; Zip Code 5600 NW Central Dr. Suite 280 Houston, TX 77092			\$820.16
8 Purpose of pay required.) Campaign Marke	efit Candidate/Officeholder ••			
(II				
Date	Payee name MK Davis Restaurant			Amount (\$)
10/08/2008	Payee address; City; State; Zip Code 1302 N. Flores San Antonio, TX 78212			\$12.88
Purpose of payment (See instructions regarding type of information required.) Complete if direct expenditure to Candidate / Officeholder name:				fit Candidate/Officeholder •••
(If travel outside of Texas, complete Schedule T) Office sought: Office held:				
Date	Payee name Molino Rojo Cafe			Amount (\$)
10/03/2008	Payee address; City; State; Zip Code 13032 Nacogdoches Rd. San Antonio, TX 78217			\$15.39
Purpose of pay required.) F & B Meeting	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		fit Candidate/Officeholder **
(H	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Molino Rojo Cafe			Amount (\$)
10/04/2008	Payee address; City; State; Zip Code 13032 Nacogdoches Rd. San Antonio, TX 78217			\$16.75
Purpose of pay required.) F & B Meeting	rment (See instructions regarding type of information	* Complete if direct Candidate / Officehold		fit Candidate/Officeholder **
	travel outside of Texas, complete Schedule T)	Office sought: Office held:		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 9/1	4 Report: 23/28
2 FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name N&S Enterprises			7 Amount (\$)
10/16/2008	6 Payee address; City; State; Zip Code 222 E. Houston San Antonio, TX 78205			\$168.00
Purpose of parequired.) Campaign Market	yment (See instructions regarding type of information eting	9 ** Complete if direct Candidate / Officehol		efit Candidate/Officeholder
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Office Depot			Amount (\$)
10/22/2008	Payee address; City; State; Zip Code 5601 Bandera Rd San Antonio, TX 78238			\$33.51
Purpose of par required.) Office supplies	yment (See instructions regarding type of information	•• Complete if direct Candidate / Officehol		fit Candidate/Officeholder
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Office Max			Amount (\$)
09/26/2008	Payee address; City; State; Zip Code 255 E. Basse Rd Ste 1510 San Antonio, TX 78209			\$92.13
Purpose of pay required.) Office supplies	ment (See instructions regarding type of information	* * Complete if direct Candidate / Officehol		fit Candidate/Officeholder ••
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Panchitos Mexican Restaurant			Amount (\$)
10/13/2008	Payee address; City; State; Zip Code 1705 S. Zarzamora San Antonio, TX 78207			\$11.41
Purpose of pay required.) F & B Meeting	ment (See instructions regarding type of information	* * Complete if direct Candidate / Officehold		fit Candidate/Officeholder **
(i	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

The Instruction	סא Guide explains how to complete this form.		1 PAGE# Schedule: 10/	14 Report: 24/28
2 FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name Panchitos Mexican Restaurant			7 Amount (\$)
10/18/2008	6 Payee address; City; State; Zip Code 1705 S. Zarzamora San Antonio, TX 78207			\$292.50
8 Purpose of parrequired.) F & B Meeting	yment (See instructions regarding type of information	9 · · Complete if direct Candidate / Officehold		fit Candidate/Officeholder ••
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Ridgewood Cleaners			Amount (\$)
10/03/2008	Payee address; City; State; Zip Code 610 West Ave. San Antonio, TX 78201			\$43.70
Purpose of par required.) Other expense	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		fit Candidate/Officeholder **
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Ridgewood Cleaners			Amount (\$)
10/07/2008	Payee address; City; State; Zip Code 610 West Ave. San Antonio, TX 78201			\$19.99
required.)	ment (See instructions regarding type of information	" Complete if direct Candidate / Officehold	expenditure to bene der name:	fit Candidate/Officeholder **
Other expense	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Ridgewood Cleaners			Amount (\$)
10/17/2008	Payee address; City; State; Zip Code 610 West Ave. San Antonio, TX 78201			\$23.19
Purpose of pay required.) Other expense	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		fit Candidate/Officeholder
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

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The Instruction	ON GUIDE explains how to complete this form.	1 PAGE# Schedu	le: 11/14 Report: 25/28
2 FILER NAME	Ortiz, Amadeo (Mr.)	3 ACCOUR 000000	
4 Date	Payee name Ridgewood Cleaners		7 Amount (\$)
10/21/2008	6 Payee address; City; State; Zip Code 610 West Ave. San Antonio, TX 78201		\$32.92
8 Purpose of pay required.) Other expense	ment (See instructions regarding type of information	9 · · Complete if direct expenditure Candidate / Officeholder name:	to benefit Candidate/Officeholder **
<u>(l</u>	f travel outside of Texas, complete Schedule T)	Office sought: Office held:	
Date	Payee name San Antonio Asian Community Affairs		Amount (\$)
10/21/2008	Payee address; City; State; Zip Code P.O. Box 29825 San Antonio, TX 78229		\$300.00
Purpose of pay required.) Contribution to o	yment (See instructions regarding type of information thers	** Complete if direct expenditure Candidate / Officeholder name:	to benefit Candidate/Officeholder **
(l	f travel outside of Texas, complete Schedule T)	Office sought: Office held:	
Date	Payee name Santa Helena Publishing		Amount (\$)
10/08/2008	Payee address; City; State; Zip Code P.O. Box 377 Von Ormy, TX 78073		\$50.00
Purpose of pay	ment (See instructions regarding type of information	Complete if direct expenditure Candidate / Officeholder name:	to benefit Candidate/Officeholder ••
Campaign Marke	eting		
(1:	f travel outside of Texas, complete Schedule T)	Office sought: Office held:	
Date	Payee name Taco Cabana		Amount (\$)
10/06/2008	Payee address; City; State; Zip Code 2347 E. Southcross San Antonio, TX 78223		\$12.60
Purpose of pay required.) F & B meeting	ment (See instructions regarding type of information	** Complete if direct expenditure Candidate / Officeholder name:	to benefit Candidate/Officeholder **
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:	

The Instruction Guide explains how to complete this form.			1 PAGE # Schedule: 12/14 Report: 26/28	
2 FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4. Date	5 Payee name The Malt House	8		7 Amount (\$)
10/14/2008	6 Payee address; City; State; Zip Code 115 S. Zarzamora San Antonio, TX 78207			\$24.10
Purpose of pay required.) F & B Meeting	yment (See instructions regarding type of information	9 · · Complete if direct Candidate / Officehol		fit Candidate/Officeholder ••
(I	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name US Postal Service			Amount (\$)
10/09/2008	Payee address; City; State; Zip Code Arsenal Station San Antonio, TX 78204-9998			\$252.00
Purpose of pay required.) Stamps	yment (See instructions regarding type of information	** Complete if direct Candidate / Officehol		fit Candidate/Officeholder ••
·	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name US Postal Service			Amount (\$)
10/18/2008				\$135.00
Purpose of pay required.) Stamps	ment (See instructions regarding type of information	• • Complete if direct Candidate / Officehol		fit Candidate/Officeholder ••
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name US Postal Service			Amount (\$)
10/20/2008	Payee address; City; State; Zip Code Arsenal Station San Antonio, TX 78204-9998			\$135.00
Purpose of pay required.) Stamps	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehol		fit Candidate/Officeholder ••
·	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		

SCHEDULE \mathbf{F}

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE# Schedule: 13/	14 Report: 27/28
2 FILER NAME	Ortiz, Amadeo (Mr.)		3 ACCOUNT # 00000001	(Ethics Commission filers)
4 Date	5 Payee name US Postal Service			7 Amount (\$)
10/21/2008	6 Payee address; City; State; Zip Code Arsenal Station San Antonio, TX 78204-9998			\$40.50
8 Purpose of pay required.) Stamps	ment (See instructions regarding type of information	9 · · Complete if direct Candidate / Officehole		fit Candidate/Officeholder ••
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Valero Store #1030			Amount (\$)
10/24/2008	Payee address; City; State; Zip Code 1171 Coliseum Rd. San Antonio, TX 78219			\$67.76
required.)	ment (See instructions regarding type of information	Complete if direct		fit Candidate/Officeholder **
Auto Expense	f travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name			Amount
	Wachovia Bank			(\$)
10/20/2008	Payee address; City; State; Zip Code 7750 l.H. 10 West Suite 1000 San Antonio, TX 78229			\$100.00
Purpose of pay required.) Returned Check	ment (See instructions regarding type of information	** Complete if direct Candidate / Officehold		fit Candidate/Officeholder ••
	travel outside of Texas, complete Schedule T)	Office sought: Office held:		
Date	Payee name Wachovia Bank			Amount (\$)
10/21/2008	Payee address; City; State; Zip Code 7750 l.H. 10 West Suite 1000 San Antonio, TX 78229			\$201.00
Purpose of pay required.) Misc. Expense	rment (See instructions regarding type of information	* Complete if direct Candidate / Officehold		fit Candidate/Officeholder ••
	travel outside of Texas, complete Schedule T)	Office sought: Office held:		

The Instruction	ON GUIDE explains how to complete this form.		1 PAGE # Schedule: 14/14 Report: 28/28		
2 FILER NAME	2 FILER NAME Ortiz, Amadeo (Mr.) 3 ACCOUNT # (00000001		(Ethics Commission filers)		
4 Date	5 Payee name Water Street Oyster Bar			7 Amount (\$)	
10/09/2008	6 Payee address; City; State; Zip Code 7500 Broadway San Antonio, TX 78209			\$156.01	
8 Purpose of par required.) F & B Meet & Gr	yment (See instructions regarding type of information	9 · · Complete if direc Candidate / Officehol	t expenditure to bene der name:	fit Candidate/Officeholder ••	
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
Date	Payee name			Amount	
	Wendy's Restaurant			(\$)	
10/09/2008	Payee address; City; State; Zip Code 8814 Perrin-Beitel San Antonio, TX 78217			\$13.07	
Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name:			fit Candidate/Officeholder **		
(1	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			
D a te	Payee name			Amount	
	Westside Sol			(\$)	
09/29/2008 Payee address; City; State; Zip Code			\$300.00		
	1410 Guadalupe St. #113 San Antonio, TX 78207				
Purpose of par required.)	yment (See instructions regarding type of information	Complete if direct	t expenditure to bene lder name:	fit Candidate/Officeholder **	
Campaign Marke	eting				
(If travel outside of Texas, complete Schedule T)		Office sought: Office held:			
Date	Payee name WOAI			Amount (\$)	
10/16/2008	Payee address; City; State; Zip Code 1031 Navarro San Antonio, TX 78205			\$3,697.50	
Purpose of par required.) Marketing and P	yment (See instructions regarding type of information	** Complete if direc Candidate / Officehol		fit Candidate/Officeholder	
	f travel outside of Texas, complete Schedule T)	Office sought: Office held:			